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Case Report

Entero-cutaneous-vesical fistula: an unusual presentation

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CASE REPORT A 75-year-old female patient presented with painless haematuria. IVP was normal and at cystoscopy a globular swelling found at the fundus of the bladder was resected. Histology revealed pan-mural inflammation with abundant submucosal oedema. The urothelium showed no evidence of dysplasia or malignancy. Two months later in the out patient clinic a periumbilical fistulous tract opened up spontaneously. On enquiry there was no history of altered bowel habit prior to or after resection of the bladder lesion. CT enema and small bowel series confirmed the presence of a fistula between the ileum, urinary bladder and the skin but the aetiology was not apparent. At laparotomy a transverse colonic mass adherent to a loop of ileum and the fundus of the bladder was found and resected. The bowel continuity was restored after dissecting off the bladder wall and the bladder closed in two layers. Histology revealed the mass to be a poorly differentiated colonic adenocarcinoma extending throughout the fistulous tract and invading the bladder. The patient developed bronchopneumonia and died on the 10th postoperative day.

COMMENT

The incidence of enterovesical fistulae is estimated at 3 per 10,000 hospital admissions.[1] Diverticula and malignant tumours of the colon are the most common aetiology. Carson *et al* reported an incidence of the various causes to be diverticulitis 51%, adenocarcinonia 16%, Crohn's disease 12% and primary bladder carcinoma 5%.[2] Gross haematuria is rare and recurrent cystitis with or without pneumaturia is frequently found. IVP is mandatory to exclude ureteral involvement. However, CT enema has the highest diagnostic yield. Spontaneous closure of the fistula occurs only in 2% cases and is most likely when trauma is the aetiology.[1] Good results are reported with a one-stage repair in a non- obstructed bowel with a mature fistulous tract. Having performed a comprehensive up to date literature search, to our knowledge this is the first case reported of an entero-cutaneous-vesical fistula.

REFERENCES

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